

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street)

2831 Lone Oak Road

Check if different
than previously
reported. (ACC)

Paducah

KY

42003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00351197

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2016

through

M M M / D D D / Y Y Y Y Y Y
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Manchikanti, Laxmaiah, , MD

Type or Print Name of Treasurer

Signature of Treasurer

Manchikanti, Laxmaiah, , MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		303949.91
(b) Cash on Hand at Beginning of Reporting Period.....	345132.20	
(c) Total Receipts (from Line 19)	6795.57	164462.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	351927.77	468412.38
7. Total Disbursements (from Line 31).....	26135.53	142620.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	325792.24	325792.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
09	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y Y
09	/	30	/	2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6051.50	142259.52
(ii) Unitemized	0.00	2866.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6051.50	145126.19
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6051.50	145126.19
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	744.07	19336.28
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6795.57	164462.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6795.57	164462.47

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1135.53	15120.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1135.53	15120.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	127500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26135.53	142620.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26135.53	142620.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6051.50	145126.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6051.50	145126.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1135.53	15120.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1135.53	15120.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fairbanks, J.H., , MD

Mailing Address P.O. Box 301

City
Vidalia

State
LA

Zip Code
71373

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : SA11Al.12048

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hubbell, Paul, , MD

Mailing Address 236 W. Livingston Place

City
Metairie

State
LA

Zip Code
70005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southern Pain

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3748.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

Transaction ID : SA11Al.12054

Amount of Each Receipt this Period

416.50

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kaiafas, Demetrios, , MD

Mailing Address 1202 Palm View Ave.

City
Belleair

State
FL

Zip Code
33756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sheridan Healthcare

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

Transaction ID : SA11Al.12051

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

616.50

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kerschner, Magdalene, , , MD

Mailing Address 3441 Ivy Hills Blvd.

City
Cincinnati

State
OH

Zip Code
45244

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

APSI

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

Transaction ID : SA11AI.12052

Amount of Each Receipt this Period

160.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kloth, David, , , MD

Mailing Address 100 Mill Plain Road

City
Danbury

State
CT

Zip Code
06811

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

Transaction ID : SA11AI.12050

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Poliak-Tunis, Michelle, , ,

Mailing Address 2910 Columbia Road

City
Madison

State
WI

Zip Code
53705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VW Madison

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2016

Transaction ID : SA11AI.12053

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

435.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pollydore, Shevin, , , MD

Mailing Address 651 Heards Ferry Road

City
Atlanta

State
GA

Zip Code
30328

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Peachtree Orthopaedic Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2016

Transaction ID : SA11AI.12049

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

6051.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 12

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bantera Bank

Mailing Address 3151 Jackson Street

City
Paducah

State
KY

Zip Code
42003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18602.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA17.12062

Amount of Each Receipt this Period

10.48

☐ Memo Item
Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bantera Bank

Mailing Address 3151 Jackson Street

City
Paducah

State
KY

Zip Code
42003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19336.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA17.12063

Amount of Each Receipt this Period

733.59

☐ Memo Item
Dividends

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

744.07

744.07

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 3151 Jackson Street

City
PaducahState
KYZip Code
42003Purpose of Disbursement
Credit card transaction fee

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.12064**

Amount of Each Disbursement this Period

81.01

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 3151 Jackson Street

City
PaducahState
KYZip Code
42003Purpose of Disbursement
Online contribution fee

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.12065**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 3151 Jackson Street

City
PaducahState
KYZip Code
42003Purpose of Disbursement
Change in investment

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.12066**

Amount of Each Disbursement this Period

1039.52

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

1135.53

TOTAL This Period (last page this line number only).....▶

1135.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Mailing Address PO BOX 80505

City
BATON ROUGEState
LAZip Code
70898Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

C C00480228**Transaction ID : SB23.12060**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRELINGHUYSEN FOR CONGRESS

Mailing Address 19 CATTANO AVENUE

City
MORRISTOWNState
NJZip Code
07960Purpose of Disbursement
Contribution

Candidate Name

FRELINGHUYSEN, RODNEY P., , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016 ☐ Primary ☒ General
☐ Other (specify)

State: NJ District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

C C00148684**Transaction ID : SB23.12057**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF KELLY AYOTTE INC

Mailing Address PO BOX 937

City
MANCHESTERState
NHZip Code
03105Purpose of Disbursement
Contribution

Candidate Name

AYOTTE, KELLY A., , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016 ☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

C C00464297**Transaction ID : SB23.12058**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. POMPEO FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Mailing Address PO BOX 780146

City
WICHITAState
KSZip Code
67212Purpose of Disbursement
Contribution

FEC Identification Number

C C00460402**Transaction ID : SB23.12061**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Candidate Name

POMPEO, MICHAEL R, , ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: KS

District: 04

Full Name (Last, First, Middle Initial)

B. RODNEY FRELINGHUYSEN VICTORY FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2016

Mailing Address 228 S. WASHINGTON STREET SUITE 115

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
Contribution

FEC Identification Number

C C00591909**Transaction ID : SB23.12055**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City

State

Zip Code

Purpose of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

10000.00

TOTAL This Period (last page this line number only).....▶

25000.00